

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>	67814	6/29/00
O.I.P.E. CLASSIFIER	<i>PH</i>	711	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			<i>b80ff 800</i>

## INDEX OF CLAIMS

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 Restricted O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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